

Case Number:	CM15-0201297		
Date Assigned:	10/16/2015	Date of Injury:	04/04/2014
Decision Date:	11/30/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/13/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54 year old male, who sustained an industrial injury on 4-4-14. Medical records indicate that the injured worker is undergoing treatment for cervical radiculitis, cervical stenosis, cervicalgia, cervical spondylosis without myelopathy, cervical disc degeneration and myalgia and myositis. The injured worker is currently not working. On (9-7-15 and 7-24-15) the injured worker complained of neck and left upper extremity pain. Associated symptoms include numbness in the cervical six distribution, especially the underside of the left hand. The injured worker noted that his left arm was getting weaker. The pain was rated on average 6-7 out of 10 on the visual analogue scale. Objective findings noted a positive Spurling's maneuver on the left side. Sensation was diminished in the left thumb and index finger to light touch and pinprick and also in the left upper extremity. The injured worker was noted to have had a second epidural steroid injection on 6-4-15 which helped him for a little over a week. Treatment and evaluation to date has included medications, epidural injections, massage, ice application, physical therapy, a transforaminal epidural steroid injection selective nerve root block (2014) and a cervical fusion in 2006. Current medications include Percocet, Lyrica and Ambien. The request for authorization dated 9-14-15 was for a cervical selective nerve block left cervical four-five and cervical five-six under fluoroscopy. The Utilization Review documentation dated 9-21-15 non-certified the request for a cervical selective nerve block left cervical four-five and cervical five-six under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cervical Selective nerve Block left C4-5 and C5-6 under fluoroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back / Epidural steroid injections, diagnostic.

Decision rationale: CA MTUS guideline are silent with regard to cervical selective nerve root blocks. ODG guidelines are referenced. Per ODG (Low Back / Epidural steroid injections, diagnostic): Recommended in selected cases as indicated below: Diagnostic epidural steroid transforaminal injections are also referred to as selective nerve root blocks, and they were originally developed, in part, as a diagnostic technique to determine the level of radicular pain. The role of these blocks has narrowed with the advent of MRIs. Few studies are available to evaluate diagnostic accuracy or post-surgery outcome based on the procedure and there is no gold standard for diagnosis. No more than 2 levels of blocks should be performed on one day. The response to the local anesthetic is considered an important finding in determining nerve root pathology. (CMS, 2004) (Benzon, 2005) When used as a diagnostic technique a small volume of local is used (<1.0 ml) as greater volumes of injectate may spread to adjacent levels. (Sasso, 2005) (Datta, 2013) (Beynon, 2013) Indications for diagnostic epidural steroid injections: 1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below: 2) To help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies; 3) To help to determine pain generators when there is evidence of multi-level nerve root compression; 4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive; 5) To help to identify the origin of pain in patients who have had previous spinal surgery. In this case the patient has a prior C5-7 ACDF. He does meet ODG criteria for the selective nerve root block as no more than 2 levels will be done and this will be done "to help to identify the origin of pain in patients who have had previous spinal surgery. Therefore, the request is medically necessary.